

## PART B - FEE(S) TRANSMITTAL

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41953 7590 10/04/2006  
**LAW OFFICE OF JOHN E. HALAMKA**  
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**PALOS VERDES ESTATES, CA 90274**

FAX  
*to:*  
*Publication*  
*M. Don L. L. Yow*  
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*John E. Halamka*  
*John E. Halamka*  
*4/25/07*

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/204,866	12/03/1998	GARY E. JOHNSON	PA1.615	9456

TITLE OF INVENTION: POWERED CUTTING SURFACE WITH PROTECTIVE GUARD FOR EQUINE TEETH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	01/04/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
WILSON, JOHN J		3732	433-001000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*JOHN E. HALAMKA*

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee *Previously Paid*

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *080207* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *John E. Halamka*

Date *25 Apr 2007*

Typed or printed name *John E. Halamka*

Registration No. *30177*

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